

REFERRAL GUIDELINE

SARCOMA SERVICE

DIRECTOR: PROFESSOR PETER CHOONG

TARGET AUDIENCE

Referrers to the sarcoma service

PURPOSE

- To assist health professionals with the referral process.
- To ensure all relevant clinical and administrative information accompanies referrals to ensure timely referral processing.

SARCOMA SERVICE: REFERRAL REQUIREMENTS

- A completed Peter Mac referral form, addressed to a named clinician – referral form and further information available at www.petermac.org/referrals
- Current medication list.
- All relevant diagnostic imaging CD's and reports.
- Histopathology reports.
- Please advise if your patient requires accommodation.

SARCOMA SERVICE CLINICS RUN AT PARKVILLE EACH WEDNESDAY MORNING

- Urgency and clinic allocation are determined by referral content; all referrals will be triaged within 48 hours.
- All new patient referrals are assessed by multi-disciplinary teams.
- Referral forms must include all requested information and patients should bring, wherever possible, copies of any diagnostic imaging, preferably on CD, to their first appointment.
- For all appointment enquiries, or if you are concerned with the appointment time allocated to your patient, phone Patient Registrations on 03 8559 5020 or email referrals@petermac.org

REQUESTING A SECOND OPINION

Please clearly state on the referral form that you are requesting a second opinion and provide a comprehensive summary of all previous treatment including copies of correspondence from previous treating specialists, operation notes, scan reports etc.

FOR ALL SARCOMA SERVICE ENQUIRIES, CONTACT

For general enquiries please contact the Sarcoma tumours stream administrator:

Isobel Butorac

Phone: 03 8559 7445

For clinical enquiries contact the appropriate Nurse coordinator

Emma Gardner

Nurse Coordinator, Sarcoma service

Phone: 03 8559 7780

Email: emma.gardner@petermac.org

AUTHORISED BY

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AUTHOR/CONTRIBUTORS

Emma Gardner, June 2016